

**City of Sarasota  
School Zone Safety Program  
P.O. Box 8000  
Oldsmar, FL 34677-6802  
1-866-285-8999**

## Florida Uniform Traffic Citation



**HERBERT ALLAN LEE ADAMS  
1661 RINGLING BLVD UNIT 3335  
SARASOTA, FL 34230-8036**

### FLORIDA UNIFORM TRAFFIC CITATION ALDXJHE

COUNTY OF <b>SARASOTA</b>		<input type="checkbox"/> (1) FHP <input checked="" type="checkbox"/> (2) P.D. <input type="checkbox"/> (3) S.O. <input type="checkbox"/> (4) OTHER AGENCY NAME: City of Sarasota AGENCY #: 09				
CITY (IF APPLICABLE) <b>SARASOTA</b>						
IN THE COURT DESIGNATED BELOW THE UNDERSIGNED CERTIFIES THAT HE/SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE AND DOES BELIEVE THAT ON						
<b>SUMMONS (VIOLATOR'S COPY)</b>						
DAY OF WEEK <b>Wednesday</b>	MONTH <b>Mar</b>	DAY <b>05</b>	YEAR <b>2025</b>	02:22:08	<input type="checkbox"/> A.M.	<input checked="" type="checkbox"/> P.M.
NAME (PRINT) FIRST <b>HERBERT</b>		MIDDLE <b>ALLAN LEE</b>	LAST <b>ADAMS</b>			
STREET <b>1661 RINGLING BLVD UNIT 3335</b>						
IF DIFFERENT THAN DRIVER'S LICENSE, "X" HERE →						
CITY <b>SARASOTA</b>				STATE <b>FL</b>	ZIP CODE <b>34230-8036</b>	
TELEPHONE NUMBER		DATE OF BIRTH <b>May 03</b>	MO <b>03</b>	DAY <b>1970</b>	YEAR	RACE
SEX	HGT					
DRIVER LICENSE NUMBER <b>A352321701630</b>	STATE <b>FL</b>	CLASS <b>U</b>	CDL LICENSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	YR LICENSE EXP. <b>2025</b>	COMMERCIAL VEHICLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
YR VEHICLE <b>2011</b>	MAKE <b>CHEV</b>	STYLE <b>UT</b>	COLOR <b>BLK</b>	PLACARDED HAZ. MATERIAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
VEHICLE LICENSE NO. <b>BN23EC</b>	TRAILER TAG NO.	STATE <b>FL</b>	YEAR TAG EXPIRES <b>2025</b>	≥16 PASSENGERS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
UPON A PUBLIC STREET OR HIGHWAY, OR OTHER LOCATION, NAMELY <b>4100 BLOCK WB FRUITVILLE RD @ CARDI</b>				MOTORCYCLE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
				COMPANION CITATION(S) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
FT _____	MILES _____	ON	OS	OE	OW	OF NODE
<b>DID UNLAWFULLY COMMIT THE FOLLOWING OFFENSE.</b> <small>CHECK ONLY ONE OFFENSE EACH CITATION.</small>						

<input checked="" type="checkbox"/> UNLAWFUL SPEED	39 MPH	SPEED APPLICABLE	20 MPH
<input type="checkbox"/> INTERSTATE <input checked="" type="checkbox"/> SCHOOL ZONE <input type="checkbox"/> CONSTRUCTION WORKERS PRESENT			
SPEED MEASUREMENT DEVICE: <b>SmartMicro Radar UMRR11 Type 45 #49663</b>			

IN VIOLATION OF <b>Florida Statute</b>	SECTION <b>316.1895</b>	SUB-SECTION <b>(10)</b>
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Site Code: Date: Time: Speed: Speed Limit: Lane #  
BN23EC 03/05/25 02:22:08 PM 39 MPH 20 MPH  
4100 Block WB Fruitville Rd. # Cardinal Mooney High School, Sarasota

Version 4/30/2024

You may examine and observe your images and video at the below Internet location  
[Secure.SpeedViolation.com](http://Secure.SpeedViolation.com)

Notice Number: **2031600045017575**  
PIN Number: **9188**

**Amount Due: \$206.00**  
**Due Date: 05/29/2025**

ISSUE DATE: 04/29/2025 FINE AMOUNT: \$206.00  
Location: 4100 BLOCK WB FRUITVILLE RD @ CARDI

Violation Date and Time: 03/05/2025 at 02:22 PM  
Vehicle License Number: BN23EC FL

**Important instructions to individuals charged with a non-criminal traffic infraction.** You have been issued a uniform traffic citation for a violation of State Statute code 099 School Zone Speed CAMERA ONLY, 316.183 (2) or 316.1895 (10) pursuant to F.S. 316.1896. You are required to comply with one of the options listed below. If you fail to comply with one of the options by the date listed your driving privilege may be suspended until you comply and you may incur additional cost associated with non-compliance.

**You may pay the civil penalty listed on this citation to the Clerk of Court or establish a payment plan pursuant to s. 28.246(4), F.S.**

**YOU HAVE THE RIGHT TO EXAMINE AND OBSERVE THE IMAGES AND VIDEO EVIDENCE OBTAINED FOR THIS CASE:** The record image and/or video of your violation will be submitted as evidence for the disposition of this violation. To view your images and video online at: [Secure.SpeedViolation.com](http://Secure.SpeedViolation.com), you will need your Violation # and Pin # printed on the top of this Notice inside the red box. If you do not have Internet access, you have the right to examine and observe your video and images at Clerk of the Court, 2000 Main Street, Sarasota, FL 34237.

**Option A: MAKE A PAYMENT**

• **PAYMENT BY MAIL** \$206.00 must be received by 05/29/2025 payable by money order directly to the Clerk of the Court. Sign and mail this original Citation with your payment. Please keep a copy for your records. MAILING ADDRESS FOR THE CLERK OF COURT: Clerk of the Circuit Court TrafficViolations Bureau, PO Box 3079, Sarasota, FL 34230.

**DO NOT MAIL CASH.**

• **PAYMENT IN PERSON** \$206.00 may be paid in person at Clerk of the Court, 2000 Main Street, Sarasota, FL 34237, or check the Clerk of Courts website for other locations on or before 05/29/2025. Include this original Citation with your payment. Please keep a copy for your records.

• **PAYMENT ONLINE** - <http://www.sarasotaclerk.com>

**Option B: REQUEST A HEARING** To challenge this Citation, request a court hearing prior to 05/29/2025. Sign and mail this original Citation to the Clerk of the Circuit Court TrafficViolations Bureau, PO Box 3079, Sarasota, FL 34230. Please keep a copy for your records. If the official determines no infraction has been committed, no costs or penalties shall be imposed and any costs or penalties which have been paid shall be returned in accordance with Florida Statute § 318.20. IF THIS BOX IS NOT CHECKED, A HEARING WILL NOT BE SCHEDULED. THE COURT WILL SCHEDULE YOUR HEARING AND NOTIFY YOU OF THE DATE, TIME, AND LOCATION.

SIGNATURE OF VIOLATOR

DATE

**Option C: AFFIDAVIT** If you are the registered owner of the vehicle, you are deemed responsible for the penalty unless, in compliance with Florida Statute §316.1896 you establish by a notarized affidavit that a statutory exemption applies.

**TEO. K. MCVAUGH**

RANK - NAME OF OFFICER

*Kari McLaughlin*

OFFICER SIGNATURE

**1393**

BADGE NO.

ID NO.

TROOP/UNIT